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SURVIVORSHIP AFFIDAVIT

On this 4th day of June, 2008, before me personally appeared Ishmael Delgado me personally known who being sworn on oath did say that:

1. Granters address
Ishmael Delgado resides at 4216 Ivy St., East Chicago, Lake County, IN 46312
2. Affiant is the owner of the real property located at 4216 Ivy St., East Chicago, Lake County, IN 46312
3. Said premises was formerly owned by Ishmael Delgado and Adelsa Delgado as husband and wife.
4. Said Adelsa Delgado died intestate on June 3, 2008.
5. The legal description of the premises in question is:
Park Add. Ind. Harbor L.34 Bl.17
6. There is no Federal Estate or State inheritance tax liability by reason of the death of the decedent.
7. Affiant was the husband of the deceased at the time of her death.

2008 JUN 26 AM 9:14
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

Signature: Ishmael Delgado
Printed Name: Ishmael Delgado

Address: 4216 Ivy St.
East Chicago, IN 46312

State of Indiana
County of Lake

Document is
NO ORIGINAL
This Document is the property of
the Lake County Recorder!

Subscribed and sworn to before me, a Notary Public in and for said, by the affiant, Ishmael Delgado, this 4th day of June, 2008.
Witness my hand and official seal.

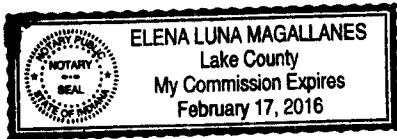
My Commission Expires:

Elena Luna Magallanes
Notary Public

Indiana
County of Residence

This instrument was prepared by: Fred S Flores, Attorney at Law, 2109 Broadway, PO Box 3656, East Chicago, IN 46312.

#2302
1400



02.0638

FILED

JUN 26 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

City Of East Chicago
East Chicago, In 46312



Local No.

State No.

1. Decedent's Legal Name (First, Middle, Last) Adelfa Delgado				1a. Maiden Last Name (If Female) Baldazo		2. Sex Female	3. Time Of Death 2:12 pm	4. Date Of Death (Month/Day/Year) June 3, 2008	
5. Social Security Number 449-52-4368	6a. Age - Yrs 73	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) April 12, 1935		8. Birthplace (City And State Or Foreign Country) Mexico	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) 4216 Ivy Street									
12. City Or Town, State, And Zip Code East Chicago, Indiana 46312					13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name Ishmael Delgado			15a. (If Wife) Give Maiden Last Name -		16. Decedent's Usual Occupation Administrator		17. Kind Of Business/Industry Inland Steel Co.		
18. Residence - State Indiana		18a. County Lake			18b. City Or Town East Chicago				
18c. Street And Number 4216 Ivy Street					18d. Apt. No. -	18e. Zip Code 46312		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School - 12		20. Decedent Of Hispanic Origin Yes - Mexican			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Fernando Baldazo				23. Mother's Name (First, Middle, Last) Adelfa F. Baldazo			23a. Mother's Maiden Last Name Flores		
24. Informant's Name Ishmael Delgado		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 4216 Ivy Street, East Chicago, Indiana 46312					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) June 7, 2008 Regional Cremation Services		25c. Location - City, Town, And State Munster, Indiana					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FIFE FUNERAL HOME, INC. 4201 Indianapolis Blvd., East Chicago, Indiana 46312					27a. Funeral Home License Number FH83001512		
27b. Signature Of Indiana Funeral Service Licensee: <i>John P. Fife</i>					27c. License Number (Of Licensee): FD01020366				
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Lung Cancer Due To (Or As A Consequence Of): Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		35. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			38c. Apt. No.		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number			38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death <i>[Signature]</i>					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death Dr. Robin - 801 MacArthur Blvd., Munster, Indiana 46321						44. License Number 101038072		45. Date Certified June 6, 2008	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>Gauka Bonheur Aburnka MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year): 6/5/08			